

Veteran Health Innovation Fund Webinar Question & Answer Responses

- 1. Is it 300k per challenge or total, i.e. bids can't exceed 300k even if challenging multiple areas?**
Innovators can submit to multiple challenges, but each submitted proposal must not exceed £300k. If submitting multiple proposals you must give us confidence you can deliver these if they are all funded. Each proposal will be assessed individually and judged on its own merit.
- 2. Do you have a list of what you would consider 'priorities' for each area - is there a particular focus for the individual categories beyond the outline summary?**
The 4 challenges are weighted equally and we are extending the net to get new ideas that we haven't previously thought of. Any new and innovative ideas will be considered by the steering committee and ministers.
- 3. How did you come to understand these areas of need?**
Based on knowledge of what is happening in the veterans' community their needs were grouped the areas of interest in to the 4 challenges. We are interested in all of the challenge areas with no priority in place on any of the 4. There is great interest in seeing what the market has to offer in addressing these challenges.
- 4. Can you outline the scoring criteria for the proposals?**
Submission closes at midday BST on Wednesday 31st August 2022. Information on how proposal will be assessed can be found on the [DASA website](#). Please note we are allowing 30 minutes per proposal for assessment rather than the standard 90 minutes.
- 5. There are invitations on the closed call where researchers have in principle the funding. When will you make those public so we don't duplicate submissions?**
Please contact your Innovation Partner for clarification. [Contact a DASA Innovation Partner](#)
- 6. Must the intervention be clinical, or would a non-clinical approach be valid if deemed effective? How does the competition and outcomes interact with the NHS?**
We expect a mix of clinical and non-clinical submissions which we hope will have a beneficial impact of veterans' health. We are looking for either new ideas or an innovative modification to something that already interacts with the NHS.
- 7. Do you have a view on what TRL levels you are looking for? And what TRL you want to achieve? Would you support lower TRL research that would help veterans' health?**
We haven't set a TRL and full guidance is available in the Competition Document.
- 8. What does success look like for each area?**
Impactful innovation that improves veterans' health.
- 9. Theme 4 inequalities in female veterans' health still needs more evidence to inform interventions, but it seems you are looking for an intervention?**
We are looking for innovation or innovative research which helps us better understand and resolve veterans' health needs. This could be intervention or innovative research that fills any evidence gaps.

10. Will the £2.7M be spread equally across themes? Do you need to make awards in each category?

Each theme area is of equal importance to this competition and ideally we would fund each challenge equally. However, funding will go to the best proposals with the most impactful innovation.

11. Health does not necessarily infer “clinical”. What idea of health are you working with? It sounds like illness-disease treatment not health creation?

Preventative measures that keep our veteran community healthy, will be considered. We are looking for innovation that will cover all elements of physical and mental health.

12. Could you explain the ethics requirements and under what circumstances we need approval from MODREC, HRA or both.

All guidance regarding MODREC can be found in the [competition document](#) and in the [MODREC guidance document](#).

Public bodies, charities and research institutes will need to reassure the OVA in writing that their institutional ethics committee have considered the ethical implications within the proposal and have approved the work proposed. This must be done within the guidance stipulated by <https://www.hra.nhs.uk/>. Direction is given in the Competition Document.

13. Is innovation in research methodology to understand the experience of veterans’ health in-scope?

New ways of looking at medical research, which will improve veterans’ health will certainly be considered for funding.

14. How might this run alongside the work already going with the AFCTF?

The steering committee are aware of that work. Considerations will be taken when deciding what to fund and to ensure there won’t be a duplication of work.

15. There was a reference to investment in a new Digital Platform for OVA. Is this included or separate from this innovation funding programme?

This is a separate programme and has been funded through a separate funding stream.

16. We are a charity and I have been told by the DASA helpdesk that we can't submit an innovation outline or without a DUNS number. Is this correct?

Yes that is correct. Charities and Academia can get a DUNS number at no cost.

17. Will there be further funding opportunity or is this a one-off?

This is a one off competition, based on funding provided to the OVA by HM Treasury.

18. Given the disparate nature of the themes of the fund can we be assured that the right centres of expertise with the sponsor departments will be assessing?

The DASA assessment process is robust and DASA has experience of finding suitably qualified assessors for proposals submitted to any DASA competition. The steering committee for this competition also have a broad range of relevant expertise and experience in NHS Health care provision.

19. Which framework are you following to ensure no conflict of interest given the limited pool that the OVA draws on for expertise?

Assessors are asked to declare any possible conflict of interest (Col) before they can assess a proposal. These Col's are reviewed by our commercial team and a decision is made before assessment can commence. The steering committee also have dedicated independent advisors to mitigate Col. There will also be ministerial sign off to ensure an open and fair competition.

20. Can it be about exploring and researching how best to modify - testing options and ideas? Or are you expecting 'oven-ready' modifications to be proposed?

This competition is open to any innovation which will have a positive impact on veterans' health needs. This can be innovative research and testing to help make more informed decisions, innovative modifications to existing treatments or entirely new ideas.

21. What if the bid cuts across 2 of the themes? Would we be disadvantaged if our proposal spanned 2/3 themes, rather than clearly fitting within one?

Proposals can cut across more than 1 theme. Suppliers should indicate which challenges they are addressing when they upload their proposals to our Salesforce collaboration site. There is no disadvantage in addressing multiple themes.

22. It seems to be that this call focussed on an actual intervention rather than building evidence to inform interventions?

No we are looking at a broad spectrum. Innovative research that will enable better decisions for veterans' health will be considered.

23. Does this call - theme 1 - fund coproduction to identify what kinds of innovations would work?

We support collaboration and details on collaboration can be found in the Competition Document.

24. For this call, is there a nationality restriction for the principal investigators or team members (including RAs to be recruited if the project is funded)?

There are no restrictions on team members. Foreign and Dual nationals can be part of the application team but they will be vetted during contracting so successful suppliers need to be prepared to provide identification details.

25. Will the OVA be open to facilitate participant recruitment for successful applicants?

We will not be helping to recruit staff or provide veterans' to work with suppliers. If more staff are required the recruitment costs and wages should be included in the proposal.

26. What information will be made available regarding current IT systems/current position re Digital, data and technology for example?

This competition will not be providing any Government Furnished Assets (GFA).

27. Is priority given to those organisations collaborating with another organisation?

No.

28. Is this call also open for AI solutions?

Yes

29. Would you contribute to an existing service that is being modified, or are you only willing to fund the 'new' bit?

If the existing service is being modified in a novel and innovative way, it might be suitable for funding. The best course of action is to speak to a [DASA Innovation Partner](#) who can advise on the suitability of your proposed innovation.

30. Does Northern Ireland have an Innovation Partner? Can organisations in Northern Ireland apply?

Yes, organisations in Northern Ireland can apply. [Contact a DASA Innovation Partner](#) to get more guidance.

31. Will the assessors be anonymous or can we know who they are?

Assessors will be anonymous as will their scores and comments. Only the Steering Board, specified DASA and OVA competition staff will see the scores and comments from assessors.

32. What key dimensions distinguish veterans' health care needs compared to non-veterans'? Is the physical-mental distinction less valid?

Physical and mental needs are equally valid. Whilst veterans' are now civilians, they face complex and often unique challenges due to their service which could benefit from the latest innovation.

33. Can you apply from outside of the UK?

Yes, international suppliers can apply for funding, please refer to the competition document for further guidance. There is an international Innovation Partner to provide support to non-UK companies. All applications need to adhere to the UK Medical standards and regulations set by the NHS.

34. Will you accept applications from within defence?

Yes so long as the proposal has an innovative approach to improve veterans' health.

35. How would you suggest submitting applications which cover multiple themes?

Our submission service will allow you to select multiple challenge areas but you can also indicate where your innovation would have its greatest impact within the text of your proposal.

36. Would you consider a population health management approach innovative? i.e. personalised care planning across two Counties for example (60,000+ veterans')

Yes an innovative approach to care management would be in scope.

37. You mention significant distribution of our proposals. What are the assurances of confidentiality? There are already issues with copy of projects and ideas.

Proposals submitted onto Salesforce has access limited to specified NHS, MOD and OVA employees who have completed DASA training prior to being given access. They will have gone through government vetting checks. Protection of intellectual property is paramount to the DASA competition process and DASA has robust processes in place to ensure this.

38. Is it £300K for each theme or can you extend the funding recommendation?

Each proposal has a limit of £300K which will not be extended.

39. I had thought it was a maximum of £300k per Grant Recipient but it seems multiple applications could succeed if they meet the criteria e.g. 2 grants of £300k?

Bidders can submit multiple proposals. However, proposals must be independent (i.e. does not require the support of another proposal) and will be assessed on their own merit.

40. How many co-applicants can take part in the application?

There is no limitation to the number of organisations within a co-applicants/collaboration. Further direction is given within the Competition Document.

41. Is technology that focuses on enhancing diagnosis in theme 4 in scope?

Yes

42. Will there be an opportunity to deliver a technology demonstration to the decision makers?

There will be no opportunity to provide a demonstration as part of the assessment process. However photographs and diagrams can be attached to a proposal.

43. Can your subcontractors be international?

Yes but all subcontractors must be named in the proposals and will be required to undergo vetting before contracts are agreed.

44. Will the OVA be using this method for distributing all future funding for the veteran community?

No. This is a unique opportunity and a stand-alone competition, made possible by funding from HM Treasury.

45. Is it useful to highlight the benefits to non-UK based veterans' as well as UK based veterans'?

It would be useful to see any innovation that could help UK veterans' based overseas. However this is a competition focused on veterans' in the UK under NHS care.

46. How do you make separate applications? I looked at the application and selected two themes.

There didn't seem to be separate questions indicated for separate themes.

You are able to submit more than one proposal if you wish to target different challenge areas.. As part of the DASA submission process the questions of desirability, feasibility and viability will be the same questions asked for each of the challenge areas.

47. If progress is delayed due to world events (i.e. pandemic lock down) would an extension be granted or is it a hard end at March 24?

If required this could be discussed on a case by case basis and reasonable accommodation can be made for unforeseen world events. Suppliers should plan to complete their projects within 24 months from beginning of their contract.

48. When is the end of the 23/24 financial year?

The end of the Cabinet Office financial year is 31st March 2024, however, please be aware that as per the competition document, projects will need to be completed within 24 months from when they commence.

49. Will data sets be made available for priority conditions or ailments?

The OVA and DASA are unable to provide any data sets on ailments, priority conditions and the size of any particular cohort. We encourage applicants to liaise with charities and organisations that might hold this data themselves.